

## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4)
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

1. Full Name of Committee (as on Statement of Organization)	ame				
Friends of Brent Addington					
2. Acronym or Abbreviated Name (if any) 3. Con		nmittee Telephone N	umber		
	( 317	) 345-0727			
4. Mailing Address (address where all campaign finance correspondence is received)	neck if th	is is a new address			
P. O. Box 36393					
5. City, State, ZIP Code	Affiliation (if applicable)				
Lawrence, IN 46236	Repub	lican			
CANDIDATE INFORMATION (For Candidate s C	ommitt	ees Only)			
7. Full Name of Candidate (include any nickname)	8. Part	y Affiliation or If Inde	pendent Candidate		
Brent Franklin Addington	Repub	lican	-		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	unty of Residence	· · · · · · · · · · · · · · · · · · ·		
Lawrence Township Advisory Board – District 1	Mario	•			
	Mario				
TYPE OF REPORT		CONV	ENTION CANDIDATES ONLY		
11. Check one:		Check	one:		
Pre-Primary Pre-Election Annual Nomination Other		Pre-Convention			
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of Organization)					
12. Reporting Period:		COLUMN A	COLUMN B		
From: 7/26/2016 Through:10/14/2016		This Period	Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.	340.85				
14. Cash on hand and investments January 1, current year.			0.00		
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)					
15a. Itemized (use Schedule A)		2,300.00	2,640.85		
15b. Uniternized		0.00	0.00		
15c. Add lines 15a and 15b in both columns SUBTO	OTAL	2,300.00	2,640.85		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	OTAL	2,640.85	2,640.85		
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		0.00	0.00		
17b. Unitermized					
17c. Add lines 17a and 17b in both columns SUB	TOTAL	0.00	0.00		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	2,640.85	2,640.85		
19. Debts OWED BY the committee (use Schedule D)		0			
20. Debts OWED TO the committee (use Schedule E)		0			
CERTIFICATION			FOR OFFICE USE ONLY		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TI	RUE, COR	RECT AND COMPLETE	Sure and the second		
Signature of Treasurery / Title	1	Date	, T		

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16

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# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	E NUMBE	ER.	
Page _	1	of	1	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
street number city state Z <sup>ip</sup> code:		PERKOD	YEAR-TO-DATE	RECEIVED BY
1. Brent Addington 6170 Sunnyside Rd Lawrence, IN 46236	Contributions: Direct In-Kind (describe)	1500.00	1500.00	10/03/16
	Other Receipts: Interest Loan Misc. (specify)			B. Addington
Contributor's Occupation (if required)Technology Consultant				
2. Rick Whitener 5501 N. Kenwood Ave Indianapolis, IN 46208	Contributions:  Direct In-Kind (describe)	800	800.00	10/14/16
	Other Receipts:  Interest Loan  Misc. (specify)			R. Whitener
Contributor's Occupation (if required) Technology Consultant				
	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required	Other Receipts: Interest Loan Misc. (specify)			
	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$2,300.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



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#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

**Itemized Contributions and Other Receipts** 

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committees). All transfers in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMB	= K	
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (Street, number city state, ZIP code)  1. Friends of Brent Addington PO Box 36393 Lawrence, IN 46236	Contributions: Direct In-Kind (describe) Yard Signs Other Receipts: Interest Loan Misc. (specify) Remaining Funds from Lawrence City Council campaign	COLUMN A AMOUNT THIS PERIOD 0	COLUMN B CUMULATIVE YEAR-TO-DATE <b>340.85</b>	DATE RECEIVED RECEIVED BY  1/1/16  B. Addington
2.	Contributions:  Direct In-Kind (describe) Push Cards for DTD  Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)			
TOTAL OF ALL PAGES OF SCHEDULE A	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY I 15a of the Summary Sheet)	\$0.00 \$2,300		